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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/575 835	FILING DATE 4.14.06					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		0				
2		1					52		0				
3		2					53		0				
4		1					54		0				
5		0					55		0				
6		0					56		0				
7		0					57	1	0				
8		0					58	0	0				
9		0					59	0	0				
10		0					60	0	0				
11		0					61		0				
12		0					62		0				
13		0					63	1	0				
14		0					64	1	0				
15		0					65		0				
16		0					66		0				
17		0					67		0				
18		0					68		0				
19		0					69		0				
20		0					70		0				
21		0					71		0				
22		0					72		0				
23		0					73		0				
24		0					74		0				
25		0					75		0				
26		0					76		0				
27		0					77		0				
28		0					78		0				
29		0					79		0				
30		0					80		0				
31		0					81		0				
32		0					82		0				
33		0					83		0				
34		0					84		0				
35		0					85		0				
36		0					86		0				
37		0					87	1	0				
38		0					88	0	0				
39		0					89		0				
40		0					90		0				
41		0					91		0				
42		0					92		0				
43		0					93		0				
44		0					94		0				
45		0					95		0				
46		0					96		0				
47		0					97		0				
48		0					98		0				
49		0					99		0				
50		0					100		0				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

PTO - 1360 (REV. 11/04) *OBW*
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